

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101 584,990

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4			1	2			54						
5			1	2			55						
6	1						56						
7			1	1			57						
8			1	1			58						
9			1	1			59						
10			1	2			60						
11			1	2			61						
12			1	1			62						
13			1	2			63						
14			2	1			64						
15			1	1			65						
16			1	1			66						
17			1	1			67						
18			1	1			68						
19			1	1			69						
20			1	1			70						
21			1	2			71						
22			2	1			72						
23			1	2			73						
24			2	1			74						
25			1	1			75						
26			1	1			76						
27			1	1			77						
28			1	1			78						
29	1						79						
30			1	1			80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓			↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	30						TOTAL CLAIMS						